

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-021992

FILED VS. MAY 23 1960

Registration District No. 224

Primary Registration District No. 6093

Registrar's No. 105

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Saline				2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) a. STATE Missouri b. COUNTY Dallas			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Marshall		Length of stay in 1b 23 yrs.		c. CITY OR TOWN Red Top		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Marshall State School & Hospital		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) ----		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Benjamin Middle Walter Last Tanquary				4. DATE OF DEATH Month May Day 14th Year 1960			
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7-18-1922	9. AGE (last birthday) 37	IF UNDER 1 YEAR Months 8 Days 14 Hours 0 Min. 0		IF UNDER 24 HR Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Patient		10b. KIND OF BUSINESS OR INDUSTRY ----		11. BIRTHPLACE (City and state or country) Ford County, Ks.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Unrecorded		13b. MOTHER'S MAIDEN NAME Vona Fleming		14. NAME OF HUSBAND OR WIFE Records of -----			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, go, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT Records of Address Marshall State School & Hosp. Marshall, Mo.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of stomach						INTERVAL BETWEEN ONSET AND DEATH 8 wks.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Mentally retarded male of low imbecile intell.						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour 12:40 a.m. 12:40 p.m. 12:40	Month, Day, Year April 1, 1958						
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE	
21. I attended the deceased from April 1, 1958 to MAY 14 1960 and last saw her alive on May 14 1960 Death occurred at 12:40 A on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE A. B. Day (D.M. of D.) A. B. Day				22b. ADDRESS Marshall State School & Hosp. Marshall Mo.		22c. DATE SIGNED 5-14-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 5-17-1960	23c. NAME OF CEMETERY OR CREMATORY Floral Hills cemetery		23d. LOCATION (City, town, or county) Kansas City Missouri		(State)	
24. FUNERAL DIRECTOR Campbell-Lewis, Marshall Mo.		ADDRESS		25. DATE RECD. BY LOCAL REG. 5-16-60		26. REGISTRAR'S SIGNATURE Paul H. Neal	

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

~~on~~ by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed R.W. Campbell Jr.

Licensed Embalmer No. 3469

P. O. Address Marshall

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.